



Cattaraugus Allegany BOCES
1825 Windfall Road
Olean, NY 14760
Phone: (716) 376-8281 Fax: (716) 376-8458
www.caboces.org

Student Registration Form

Student's Name: _____ Date of Birth: _____ M F
Sex

Home Phone: _____ Email address: _____

Student's Home Address: _____

Grade Level: _____ Course Title: _____

Reason for taking the course:
 Graduation Requirement Lack of Teacher Course not offered Schedule Conflict Credit Recovery
 Acceleration Other

Expected Completion Date: _____

School Information

District Name: _____ School Phone Number: _____

School Address: _____ Contact Person at School: _____

School City, State, ZIP Code: _____ Local BOCES: _____

Technology and Contact Information

Internet Access at Home (Describe): _____

Internet Access at School (Class Period): _____ Request for conference to discuss special needs of student and/or pertinent IEP or 504 plan information provided for student.

Name of Contact Person at Home: _____ Telephone Number of Contact: _____

Student's Signature _____ Date _____

Please complete one form for each student enrollment. For more information, contact:
Betsy Hardy (716)376-8281 Elizabeth_Hardy@caboces.org OR Justine Lombardi (716) 376-8221 Justine_Lombardi@caboces.org